Name in Full: Lester Dyan Camp

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Selbysport — County: Garrett

Date of death 1904 — Month: Feby — Day: 13 — Age: Years 1 — Months 2 — Days 7

Sex: Male — Color or Race: White — Birthplace: Selbysport

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: Chas Camp — Father's Birthplace: Garrett Co

Mother's Maiden Name: Jennie Brown — Mother's Birthplace: " "

Name of person giving In formation: M. E. Frazee — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold — How long: 1 wk

Immediate: Pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Mason M.D.

Address: Friendsville Md

Accident or Suicide?

LIBRARY BUREAU A 98316

Name in Full: Clore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Oakland — County: Garrett

Date of death 190 4 — Month: Feb. — Day: 24 — Age: Years: — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed — Occupation:

Name of Wife or Husband: ~~Jeddy~~

Father's Name: Darey Clore — Father's Birthplace: Md

Mother's Maiden Name: Lillie Williams — Mother's Birthplace: Md

Name of person giving information — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 3 weeks

Immediate: Pneumonia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. C. Hurlamp

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Joseph E. Weiler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Collin — County: Carroll

Date of death 1904: Month: Feb — Day: 11 — Age: Years: 24 — Months — Days

Sex: male — Color or Race: white — Birthplace: Md

Married, Single or Widowed: Single — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Injury to Chest by Car wheel passing over him.

How long: immediate

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. C. Hinebaugh

Address: Cockeysville Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Joseph Finzel X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Finzel Md — County: Garrett

Date of death 1904 — Month: July — Day: 25 — Years: — — Months: 14 — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Patrick E. Finzel — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: 90

Immediate: Bronchitis — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Boisco

Address: Oakland

Accident or Suicide?

PHYSICIAN OR CORONER

St Patrick

LIBRARY BUREAU A88818

Name in Full: Baby hamill.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Thayersville — County:

Date of death	Month	Day	Years	Months	Days
1904	Dec	28	Age		7

Sex: Boy. Color or Race: White. Birthplace: Md.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single. Name of Wife or Husband:

Father's Name: Hugh. Hamill. Father's Birthplace: Md.

Mother's Maiden Name: Florance. Hamill. Mother's Birthplace: Md.

Name of person giving Information: Pat. Hamill. How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Spasm — How long: 2 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Lining

Address: Deer Parg. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mrs Amelia H Hay X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death: Month: Feby — Day: 18 — 1904

Age: Years: 50 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: Oakland

Married, Single or Widowed: Widow — Name of Wife or Husband: Ed Hay Dead

Father's Name: dont Know — Father's Birthplace: Md

Mother's Maiden Name: dont Know — Mother's Birthplace: Md

Name of person giving In formation: Dr Rowenscroft — How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 5 days

Immediate: do — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Rowenscroft

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Amanda Lewis X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thayerville; County: Garrett

Date of death: Month: Feby; Day: 17; 1904

Age: Years: 26; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death: Thayerville

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name: Asbery Wolf; Father's Birthplace: [illegible]

Mother's Maiden Name: [illegible]; Mother's Birthplace: [illegible]

Name of person giving In formation: Upton Cudgett; How related to deceased: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child Birth; How long: 6 Weeks

Immediate: Inflamation; How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Dr Cunningham

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Wm Henry Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagus — County: Garrett

Date of death 1904 — Month: Feb — Day: 13 — Age — Years: 35 — Months: 3 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: farmer

Name of Wife or Husband:

Father's Name: Philip Lewis — Father's Birthplace: Md

Mother's Maiden Name: Catharine Lewis — Mother's Birthplace: W. Va

Name of person giving information: Catharine Lewis — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 10 Days

Immediate: Pneumonia — How long: 5 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H R Boyer

Address: accident Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Mrs. A. G. Lipscomb

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Deer Park — County: Garrett

Date of death 1904 — Month: July — Day: 11 — Age — Years: 32 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: & Wife

Name of Wife or Husband: A. G. Lipscomb

Father's Name: Henry Sines of W — Father's Birthplace: Md

Mother's Maiden Name: Susan Sines — Mother's Birthplace: Md

Name of person giving information: A. G. Lipscomb — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 2 years

Immediate: Expenturn — How long: [illegible]

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Kimberly & Lipscomb

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Annie Metts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bellmeyer — County: Garrett

Date of death 1904: Month: July — Day: 12 — Age: Years: 66 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Married, ~~Single~~ or Widowed — Occupation: Housewife

Name of Wife or Husband: Dont Know

Father's Name: " " — Father's Birthplace: Dont Know

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving Information: " " — How related to deceased: " "

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long

Immediate: Dont Know — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Burns

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Meyers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Selby — County: Garrett — Md

Date of death 1904: Month: Feby. — Day: 18th — Age: Years: 75 — Months: — Days: 20

Sex: Female — Color or Race: White — Birthplace:

Married, Single or Widowed: Widow — Occupation: House Keeper

Name of Wife or Husband: last Husband was a Meyers

Father's Name: dont Know — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving information: J. A. Kendall — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age — How long:

Immediate: yes — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. Co. Frazer

Address: Undertaker at Friendsville Md

Accident or Suicide:

LIBRARY BUREAU A68816

Name in Full: Mrs Hattie Newman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Oakland — County: Garrett

Date of death: Month: Feb — Day: 16 — 1904 — Age: Years: 35 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Garrett Co

Occupation: Home Wife — Where Residing if not at place of death: Oakland Md

Married, Single or Widowed: Married — Name of Wife or Husband: Charles Newman

Father's Name: William White — Father's Birthplace: Garrett Co

Mother's Maiden Name: Rachel Smith — Mother's Birthplace: W Va

Name of person giving information: Charles Newman — How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Fever — How long: 6 days

Immediate: inflammation of Lungs — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S L Newman

Address: Oakland Garrett Co Md

~~Accident or Suicide~~?

LIBRARY BUREAU A83816

Name in Full: Otha Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Swanton — County: Garrett

Date of death 1904 — Month: Feb. — Day: 21 — Age — Years: 86 — Months: — — Days: —

Sex: male — Color or Race: white — Birthplace: Md.

Married, Single or Widowed: Widowed — Occupation: Retired

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Thomas McRobie — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long:

Immediate: Debility — How long: 4 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. N. Sagenbaker

Address: Swanton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Earl Griffin X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Germany — County: Garrett

Date of death: 1904 — Month: July — Day: 13 — Age: Years: — Months: 11 — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Miner — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Griffin — Father's Birthplace:

Mother's Maiden Name: Sylphrona — Mother's Birthplace:

Name of person giving In formation: L Hentzel — How ralated to deceased:

CAUSES OF DEATH

Primary: Pneumonia — (93) — How long: 3 days

Immadiate: Pneumonia — How long:

PHYSICIAN OR CORONER

Ara the name, age, sax, color, data and place correctly given above? Yes

Signature of Physician: Dr. Hamburg

Addrass: Oakland

Accident or Suicida?

LIBRARY BUREAU A66816

Name in Full: Leonidas Taylor ×

CERTIFICATE OF DEATH

MARYLAND

Died at (City, Town or Township): Grantsville

County: Garrett

Date of death 1904 Month: Feby. Day: 24

Age: Years 2 Months Days 12

Sex: Male

Color or Race: White

Birthplace: West Va

Married, Single or Widowed: Single

Occupation: Nothing

Name of Wife or Husband:

Father's Name: John Taylor

Father's Birthplace: West Va

Mother's Maiden Name: Elizabeth Frazee

Mother's Birthplace: Maryland

Name of person giving information: Elick Frazee

How related to deceased: Father & Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Spasms

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. E. Frazee, Undertaker

Address: Grantsville Garrett Co. Md

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full: Mrs Irene Watts

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oakland — County: Garrett

Date of death: Month: Feb — Day: 23 — 1904

Age: Years: 68 — Months — Days

Sex: Female

Color or Race: White

Birthplace: W Va

Occupation: Home Wife

Where Residing if not at place of death: Petersburg W Va

Married, Single or Widowed: Married

Name of Wife or Husband: Wesley Watts

Father's Name: James Burns

Father's Birthplace: W Va

Mother's Maiden Name: Susan Burns

Mother's Birthplace: W Va

Name of person giving information: Mrs Veach

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abdominal Abcess — How long: Two mo

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry W. McCormick

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Mrs George Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mor Lochlynn — County: Garrett

Date of death 1904: Month: Feby — Day: 9 — Age: Years: 52 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: George Wilson

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: J B Mease — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 17

Immediate: Exhaustion — How long: one years

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: J B Mease

Address: Mt Savage Pa

Accident or Suicide?

LIBRARY BUREAU A65816